Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: Senior Helpers	**CHAPTER 700**
Address: **1350 S King Street, Suite 214, Honolulu, Hawaii 96814**	**Inspection Date: November 25, 2020 Initial (Office Inspection)**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-700-7 Service plan. (a) A supervisor shall develop with the client or the client's representative, or both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record. **FINDINGS** Clients #1 and #2- Service plan was not signed by the supervisor and the client or the client's representative.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, the deficiency was corrected After the inspection, administrator immediately signed and had the client or client's representative sign the service plan. * Signed service plan enclosed (2)	11/25/20 12/15/20 for Client J. Stramming 10/20 12/8/20 for client D. Hasenyager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-700-9 Administration and standards. (d)(2) The home care agency shall: Establish written human resource policies that shall be given to each staff member, including but not limited to provisions concerning wage scale, hours of work, vacation and sick leaves, and use of car if provided, or mileage allowed if private transportation is utilized; **FINDINGS** Employees #1, #2, #3, #4, #5, and #6- No documentation that employees acknowledged the human resources (HR) policies.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Immediately obtained the printed electronically signed and review of HR policies stating that employees #1, #2, #3, #4, #5, and #6 acknowledged the HR policies of the agency at time of onboarding and hire. I, the administrator, will have all employees sign a physical copy at orientation and/or after onboarding or before payroll implementaton and. will keep both electronic copies and in office employee files.	11/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-700-9 Administration and standards. (d)(2) The home care agency shall: Establish written human resource policies that shall be given to each staff member, including but not limited to provisions concerning wage scale, hours of work, vacation and sick leaves, and use of car if provided, or mileage allowed if private transportation is utilized; **FINDINGS** Employees #1, #2, #3, #4, #5, and #6- No documentation that employees acknowledged the human resources (HR) policies.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Per agency policy, the employee will be required to sign an acknowledgement during orientation day and agency will print copies of employee acknowledgement online documentation of the employee affirming their review of HR Policies. Office copies and documentation in the employee files mandatory and will have weekly checks to make sure it is in office file.	12-21-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-700-9 Administration and standards. (d)(3) The home care agency shall: Document that every employee and volunteer, who has direct client contact, has an initial and annual tuberculosis (TB) clearance in accordance with the most current and updated guidelines in chapter 11-164 Hawaii administrative rules prior to their first contact with clients; **FINDINGS** Employees #6 and #7- No documentation of initial and current tuberculosis (TB) clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Administrator requested initial and current tuberculosis (TB) clearance from #6 and #7. Follow-up: Employee #6 12-14/ Informed employee #6 that it is a final attempt and if not provided by 12-23 her employment will be terminated or suspended. Follow up with contracted RN (not an employee) #7 on 12/18 employee #7 is pending symptom screen accompanied by TB clearance signed by APRN or physician. Emp#7 called her doctor's office and fax in my presence.	11-25-20 12-8-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-700-9 Administration and standards. (d)(3) The home care agency shall: Document that every employee and volunteer, who has direct client contact, has an initial and annual tuberculosis (TB) clearance in accordance with the most current and updated guidelines in chapter 11-164 Hawaii administrative rules prior to their first contact with clients; **FINDINGS** Employees #6 and #7- No documentation of initial and current tuberculosis (TB) clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I plan to obtain an initial and/or annual TB clearance signed by a physician and/or APRN prior to hire and onboarding an employee. If an applicant fails to provide this documentation applicant will not be considered for hire and/or the applicant's offer for employment will be retracted	12/21/20

Licensee's/Administrator's Signature: _____

Print Name: Karen Tierra

Date: 12/21/2020